



American Burn Association
ADVANCED BURN LIFE SUPPORT NOW®

On-Line Provider Course
Registration Form

SOUTH CAROLINA DEPARTMENT OF HEALTH & ENVIRONMENTAL CONTROL

STEP 1: Name/Address

Complete Name (first name, middle initial, last name)—PLEASE PRINT legibly.

_____ Degree(s) _____

Organization _____

Org. Address _____

City _____ State _____ Zip Code _____ Country _____

Work Phone _____ Fax _____ Email _____
(REQUIRED)

Profession Please circle: Firefighter EMT Paramedic Social Worker PT/OT LPN RN NP PA Physician Other _____

STEP 2: Home Address

Certificate Mailing Address _____

City _____ State _____ Zip Code _____ Phone _____

STEP 3: ABLS Registration Fees On-Line ABLS Now® Course

First Responders, EMT-Bs, EMT-Is, and Paramedics.

Special SC DHEC Group Rate: \$60.00

Note: SC DHEC has paid a portion of the registration fee making this special reduced rate available.

STEP 4: Payment Information (Credit Card Registrations may be faxed)

UPON RECEIPT OF COMPLETED REGISTRATION FORM & PAYMENT, A LINK TO THE COURSE & THE SC DHEC GROUP CODE WILL BE SENT TO YOU VIA YOUR EMAIL ADDRESS

☐ Payment Enclosed for \$ _____ Check Number: _____

☐ Visa ☐ American Express ☐ MasterCard Credit Card Number _____ Expiration Date _____

Signature (required for credit card registration) _____

STEP 5: Fax or send Form with Payment To:

AMERICAN BURN ASSOCIATION
ABLS Now® REGISTRATION
625 NORTH MICHIGAN AVE.
SUITE 2550
CHICAGO, IL 60611
TEL (312) 642-9260
FAX (312) 642-9130